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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/992,174	11/14/2001	Mario Anthony Moscarello	2132.024	6896
21917 MCHALE & SI	7590 06/02/200 CAVIN, P.A.	8	EXAM	IINER
2855 PGA BLVD PALM BEACH GARDENS, FL 33410			COUNTS, GARY W	
PALM BEACH	GARDENS, FL 3341	O	ART UNIT PAPER NUMBER	
			1641	
			MAIL DATE	DELIVERY MODE
			06/02/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intorviou Summary	09/992,174 MOSCARELLO ET AL.		ET AL.
Interview Summary	Examiner	Art Unit	
	GARY W. COUNTS	1641	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Gary Counts, Examiner</u> .	(3)		
(2) <u>Ferris Lander, Applicant Rep.</u> .	(4)		
Date of Interview: <u>14 May 2008</u> .			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2) <mark> applicant's representative</mark>	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) <u></u> No.		
Claim(s) discussed: all of record.			
Identification of prior art discussed:			
Agreement with respect to the claims f) was reached. g	ı)∏ was not reached. h)∏ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Applicant confirmed the applicant</u>			was
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP / DAYS FROM T WHICHEVER IS	LICANT IS 'HIS
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red	

Application No.

Applicant(s)